

STATE OF ALASKA
DEPARTMENT OF TRANSPORTATION- AMHS
CONTACT INFORMATION/CHANGE FORM
DOT/PF-TECHNICAL SERVICES
P.O. BOX 110201
JUNEAU, AK 99811-0201
907-465-4052 PHONE
907-465-2019 FAX

NAME: _____ SSN: _____

Mailing Address:

Physical Address:

The *mailing address* is where you would like your time sheet copies, W-2, and all other State of Alaska correspondence to be sent to?

Home Phone Number: _____ Contact Number: _____

Payroll Warrant or Payroll Advice (Warrant Stub) Mailing Address:

Check only one:

- ☐ Mail to the above mailing address:
☐ Mail to the address listed below:

Warrant Address:

Persons to notify in case of emergency:

1st Preference:	_____	Phone: () _____	Home
Address:	_____	Phone: () _____	Work
	_____	Phone: () _____	Cell
			Relation
2nd Preference:	_____	Phone: () _____	Home
Address:	_____	Phone: () _____	Work
	_____	Phone: () _____	Cell
			Relation

The first preference will be notified in case of emergency, should the first contact not be available, the next listed will be notified. It is my responsibility to submit a signed, updated form to the DOT/PF Technical Service Center when any of the information on this form changes.

Signature _____

Date _____